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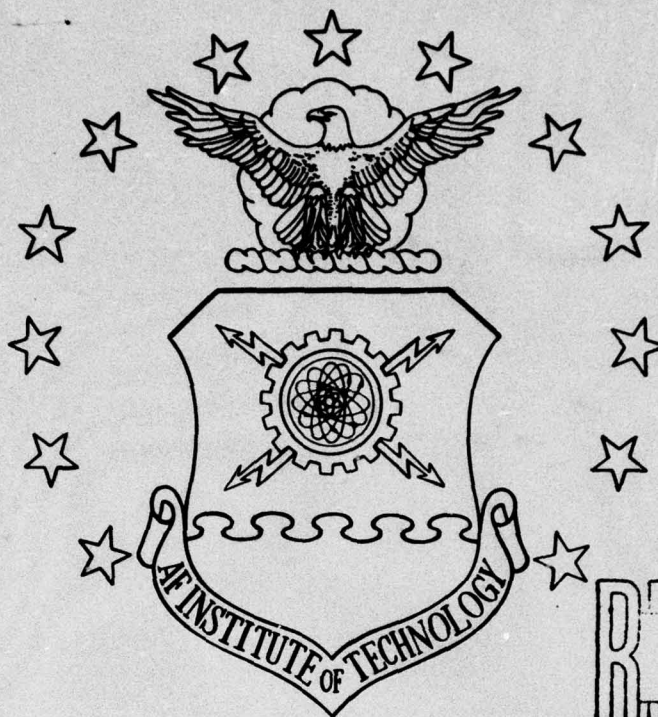
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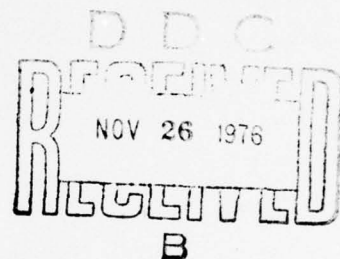


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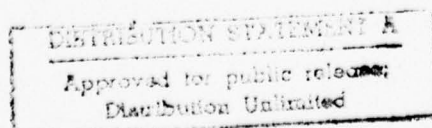


THE CHANGING ATTITUDES ON
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A STUDY ON CURRENT ATTITUDES OF
MILITARY SUPERVISORS

Paul B. Knowlton, Captain, USAF
Dale L. Zeller, Captain, USAF

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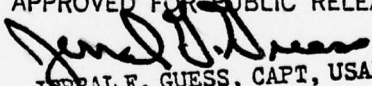
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This study investigated the attitudes of military supervisors in a major command toward alcohol, alcohol abuse, and the Alcohol Abuse Control Program. A questionnaire was developed to measure supervisor's attitudes. Attitude Index Measurements (AIMs) were calculated for supervisor attitudes toward the three alcohol related components previously mentioned. These AIMs were then compared to various behavioral patterns of the supervisors. The researchers concluded that moderate positive correlation existed between supervisor attitudes toward alcohol, alcohol abuse, and the Alcohol Abuse Control Program and their willingness to identify problem drinkers to the program. Additional analysis revealed that a supervisor's age, years of service, and sex made little difference in his or her attitudes. Rank, on the other hand, presented a slight difference between officer and enlisted supervisors. Enlisted supervisors identified, proportionately, 1.24 times as many people. Attendance at training had little effect on a supervisor's willingness to identify needy personnel indicating that perhaps the program is ineffective. Recommendations included improved training, increased emphasis on attending training, and possible investigation of a Department of Defense managed program for all services.

16

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IN THE AIR FORCE: A STUDY ON CURRENT
ATTITUDES OF MILITARY SUPERVISORS

A Thesis

Presented to the Faculty of the School of Systems and Logistics
of the Air Force Institute of Technology
Air University

In Partial Fulfillment of the Requirements for the
Degree of Master of Science in Logistics Management

By

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September 1976

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This thesis, written by

Captain Paul B. Knowlton


and

Captain Dale L. Zeller

has been accepted by the undersigned on behalf of the faculty of the
School of Systems and Logistics in partial fulfillment of the require-
ments for the degree of

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COMMITTEE CHAIRMAN

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TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	iii
LIST OF TABLES	vii
 Chapter	
I. INTRODUCTION	1
STATEMENT OF THE PROBLEM.	2
OPERATIONAL DEFINITIONS OF TERMS	2
SIGNIFICANCE OF THE PROBLEM	4
BACKGROUND.	8
Historical Development.	8
Current Air Force Perspective.	13
Summary	19
OBJECTIVE	19
RESEARCH HYPOTHESIS	20
II. RESEARCH METHODOLOGY.	21
OVERVIEW.	21
Universe Description	21
Population of Interest.	22
Sample.	23
INFORMATION REQUIREMENTS	23
Sampling Plan.	24
Test Instrument.	26
Validity and Limitations	28

Chapter	Page
DATA ANALYSIS	29
Translating Data into Information	29
Testing the Research Hypothesis	31
SUMMARY LIST OF ASSUMPTIONS	35
SUMMARY LIST OF LIMITATIONS	36
III. SURVEY RESULTS	37
INTRODUCTION	37
DATA PRODUCED	37
FINDINGS	39
Demographic Factors	40
Behavioral Factors.	42
Attitudinal Responses Toward Alcohol	45
Attitudinal Responses Toward Alcohol Abuse	47
Attitudinal Responses Toward the Alcohol Abuse Control Program	49
RELATIONSHIPS BETWEEN BEHAVIORAL AND ATTITUDINAL RESPONSES	54
AIM A--Attitude Toward Alcohol	55
AIM B--Attitude Toward Alcohol Abuse	57
AIM C--Attitude Toward the Alcohol Abuse Control Program	59
IV. ANALYSIS, CONCLUSIONS, AND RECOMMENDATIONS	61
INTRODUCTION.	61
ANALYSIS.	62
Inconsistencies With the Air Force Program	62
Demographic-Behavioral and Attitudinal Component Relationships	63
Primary Hypothesis Tested	67

Page

CONCLUSIONS 71

RECOMMENDATIONS 73

Comments From the Sample 73

Researchers' Recommendations 75

Suggestions for Future Research 77

APPENDIX

A. DRAFT QUESTIONNAIRE 79

SELECTED BIBLIOGRAPHY 91

A. REFERENCES CITED 92

B. RELATED SOURCES 94

CHAPTER I

INTRODUCTION

In recent years, the Department of Defense has become increasingly aware of and concerned over the human cost aspects of excessive drinking within the military services. Public Law 91-616, "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970," established initial guidelines concerning the problem (14:v). This act provided the impetus for the establishment of the Air Force Alcohol Abuse Control Program in 1971. The current Air Force regulation that spells out this program is AFR 30-2, 1 August 1974. In part, it says:

The Air Force recognizes that alcoholism is preventable and treatable. It is Air Force policy to prevent alcohol abuse and alcoholism among people for whom it is responsible; to attempt to restore to effective functioning persons with problems attributable to the abuse of alcohol . . . [22:5-1].

The change in policy which now recognizes alcoholism as an illness with an inherent potential for prevention, control, and recovery, has had a substantial effect on the management of human resources within the Air Force. Unfortunately, the social stigma attached to alcoholism still exists in the minds of many individuals.

STATEMENT OF THE PROBLEM

The recent legal acceptance of the disease concept of alcoholism has required a multitude of changes in laws, regulations, definitions, methodologies, programs, and attitudes. The necessary social changes have not been easy to institute, however, and as a result United States society, the Air Force included, has experienced difficulty in implementing prevention and treatment programs. By the middle of 1975 only about one out of ten alcohol abusers in the Air Force had received any form of treatment (12:14). Most problem drinkers are simply not being identified and referred to treatment programs. Because identification and referral have become a supervisory responsibility, the attitudes of military supervisors toward alcohol, alcohol abuse, and the Air Force Alcohol Abuse Control Program can prove crucial to the program's success.

OPERATIONAL DEFINITIONS OF TERMS

The following definitions consist of terms that are used in the Air Force (those cited) and terms that are unique to this thesis.

1. Alcoholism. A disease which causes a psychological and/or physical dependency on alcohol and which requires treatment and rehabilitation (14:viii).

2. Alcoholic. A person who has been diagnosed by competent medical authority as suffering from the effects of alcoholism (22:5-1).

3. Alcohol Abuse. Any use of an alcoholic beverage that leads to a person's misconduct, to unacceptable social behavior, or to the impairment of duty performance, physical or mental health, financial responsibility, or personal relationships (22:5-1). Alcoholism is the most extreme case of alcohol abuse.

4. Problem Drinker. A person whose alcohol abuse has resulted in a decision by the unit commander to identify him/her for entry into the rehabilitation program but who is not a diagnosed alcoholic (22:5-1).

5. Supervisor. Military personnel (rank E-4 and above) who are responsible for the job performance of one or more subordinates. For ease of identification, a supervisor would be any individual who acts as the rating official or endorsing official for one or more subordinates.

6. Supervisor Attitudes. Opinions and beliefs, both conscious and subconscious, about a person or object that affect the supervisor's behavior towards that person or object.

7. Alcohol Abuse Control Program. This program, as outlined in AFR 30-2, is designed to provide quality counseling and education which stresses the prevention of alcohol abuse. The program

explains responsibilities and procedures for identification, treatment, and rehabilitation of problem drinkers and diagnosed alcoholics.

8. Success of Alcohol Abuse Control Program. While it is acknowledged that every person identified for treatment is not rehabilitated, for this research, success is defined as the percentage of Air Force alcohol abusers identified for treatment.

9. Alcohol. A label given to the chemical compound known as ethyl alcohol or simply ethanol. Its chemical formula is $\text{CH}_3\text{CH}_2\text{OH}$. Of the many known alcohols, ethanol is the significant and desired ingredient in the three major classes of alcoholic beverages--distilled spirits, wines, and beer (14:5).

SIGNIFICANCE OF THE PROBLEM

General David C. Jones, Air Force Chief of Staff, recently addressed Congress with his Fiscal Year 1976 Posture Statement in which he stated that "From a resource viewpoint, people are not only our most important asset but also our most expensive [11:23]." This fact remains true despite the substantial personnel cuts that the Air Force has experienced in the past three years. Therefore, the Air Force has continued to place heavy emphasis on the efficient management of its personnel resources.

One of the more recent personnel management programs to be implemented by the Air Force is the Alcohol Abuse Control Program. This program, as outlined in Air Force Regulation 30-2, 14 August 1974, was designed to provide for the prevention and treatment of alcohol abuse and alcoholism in the Air Force (22:5-1). Through rehabilitation and treatment of alcohol abusers, the Air Force could realize significant savings in costs that would otherwise be lost through reporting late for work, absenteeism, reduced quality and quantity of work, accidents, damage or loss to Air Force property, and the administrative and legal expenses related to each of these items. The Air Force could also save considerably on replacement and retraining costs due to personnel dismissed from the service for alcohol related problems. These savings could be especially significant in an all-volunteer service for which the Air Force is challenged to maintain a quality force within budget constraints that are constantly being reduced through inflation and cuts in the Defense budget.

Although the Air Force has not documented the annual costs it incurs due to alcohol abuse, the Navy has accomplished a cost study which estimates that they lose approximately \$47 million per year due to alcoholism (16:78).

The current alcohol problem in the service appears to be only a reflection of the problem as it pervades the entire United States society. Consider the following facts:

1. Alcohol is the most widely used and most abused drug in the United States today (8:6).
2. Alcoholism is the third largest health problem in the United States following heart disease and cancer (16:10).
3. At least half of each year's 55,000 automobile accidents and half of the one million major injuries can be traced directly to people who are, by legal definition, under the influence of alcohol (16:10).
4. The United States Department of Health, Education, and Welfare has estimated that alcoholism costs at least ten billion dollars a year due to:

. . . lost work time, medical expenses, impaired job efficiency, and accidents incurred by employed persons suffering from alcoholism. About 4.5 million workers suffer from alcohol-related problems, 240,000 are job-holders for the largest employer of all, the U.S. Government [10:2].

Relating these figures to the Air Force, authorities have estimated that at least 4-5 percent of all USAF personnel have drinking problems, which translates into a figure of approximately 25,000 to 31,250 people who abuse alcohol or are alcoholics (9:77).

Heavy drinking in response to social and job pressures is as much a part of the military life style as in the civilian community.

Sustained heavy drinking involves marked impairment of physical, social, and occupational functioning. It not only endangers the individual's health and welfare but affects his family, his friends, his associates, and anyone under his supervision (12:809). Therefore, in order to maintain effective mission accomplishment, the Air Force wants to identify these individuals, and either remedy their problem or discharge them from the service (9:77). In March of 1975, Chief of Staff General David C. Jones sent a letter to all major air commands stating, "There still exists a tendency to ignore the [alcohol] problem or to protect the individual from the consequences of irresponsible drinking." General Jones wants to see an end to this type of attitude in Air Force personnel. His letter went on to say:

Our policy toward alcohol abuse is simple and straightforward--help people help themselves. The emphasis is on identifying and assisting those with drinking habits who are creating problems for themselves and for the Air Force. To this end, we must take the initiative in providing them with early preventive assistance [9:77].

Educating Air Force personnel is important to make them aware of the Alcohol Abuse Control Program and its purpose (22:5-4). However, thorough education and training of the supervisor is essential for the effective implementation of the program. While individuals are encouraged to step forward on their own and seek treatment, the program relies largely on identification of the individuals by their supervisors (22:5-4). AFR 30-2 states that the supervisor has the

primary responsibility for identifying and directing personnel into the program. Therefore, the supervisor's attitudes towards alcohol, alcohol abuse, and the Alcohol Abuse Control Program can have a significant effect on the number of individuals identified as needing treatment.

BACKGROUND

An appreciation of the history surrounding alcohol enhances one's understanding of how today's attitudes toward alcohol abuse and treatment developed and also to become aware of the extent of mankind's association with alcohol.

Historical Development

Man's need and search for a pain killer, escape, or for something to settle-his-nerves began when he first walked the face of the earth. Every recorded age of man's existence indicates the presence of alcohol. From a brewery in 3700 BC Egypt (16:30) through Bible references such as "Noah planted a vineyard; and he drank of the wine and was drunken [10:8]," to the arrival of alcohol in the American colonies in 1607 (8:49), man has continually associated himself with alcohol.

The path of man's search for a relaxant has been closely paralleled by his search for a treatment, cure, or preventative for his own abuse of this relaxant. This seeming conflict of needing

alcohol on one hand and the necessity of a treatment for it on the other is one of the recurring themes in the history of alcohol. History has well recorded the continuous debate between the good and the evil of alcohol. The debate and controversy in this country reached a peak during the Temperance Movement. Beginning in the early 1800s with a goal of moderation, the movement soon hardened its stand to complete prohibition. With the passage of the 18th Amendment to the United States Constitution, prohibition became law. After thirteen years of lawlessness, violence, and little prohibition, the 18th Amendment was repealed by the 21st Amendment. America's attempt at strictly controlling this most widespread drug had failed (16:17).

While federal law had failed, the controversy persisted. Arguments that prohibition decreased abuse were countered by those who claimed that only moderate drinking decreased and that drinking became vogue due to the law (15:22). Some even accused the Amendment of being responsible for disrespect of laws in general and for increased corruption in government (6:61). The ideas and theories concerning the control of the use of alcohol shifted from an attempt at complete control to a situation where little control existed. Control over the individual who consumed alcohol became the accepted approach (5:4). For the most part, however, abuse was still considered a criminal act. Despite the establishment of such

organizations as Alcoholics Anonymous in 1935, and various other social organizations, alcoholism kept its tainted image. The prevailing attitude remained that the best way to straighten out a drunk was to punish him (8:61).

In 1960, E. M. Jellinek published The Disease Concept of Alcoholism. This book, now the classic reference on the subject, detailed an evolving belief that alcoholism was indeed a disease. Later in the sixties, two federal court cases, Easter versus District of Columbia and Driver versus Hinnart added legal impetus to this concept (16:109). Essentially, the Easter case held that an "alcoholic cannot be convicted for his public intoxication [16:109]." The Driver case supported the Easter case and held that to convict an alcoholic of public drunkenness was a cruel and unusual punishment, thus violating the Eighth Amendment (16:109). The public at large remained relatively apathetic to the disease concept, however; and a catalyst was needed to awaken the concern of the public. Perhaps, ironically, the drug culture and the war in Vietnam did more to arouse public attention to alcohol abuse than any other factor. When Americans became horrified by the abuse of such drugs as heroin, amphetamines, and marijuana, and then realized that alcohol abuse was far more widespread, they were forced to recognize that abuse of alcohol was actually the major drug problem in the nation (16:10). More succinctly, in the words of the National Commission on

Marijuana and Drug Abuse in March, 1973, "Alcohol dependence is without question the most serious problem in the country today [14:143]." The result of the disease concept of alcoholism and renewed public awareness of the alcohol problem was Public Law 91-616, "The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970." This act established a precedent and formed the basis from which respective segments of federal government could structure their own unique programs to battle alcohol abuse.

Once the disease concept of alcoholism had achieved legal recognition, the whole perspective on alcoholism was effectively changed. With the enactment of Public Law 91-616, the National Institute of Alcohol Abuse and Alcoholism was established as the focal point for an augmented federal effort (19:v). Documents, reports, and articles dealing with research on alcohol abuse received added attention from Congress and from the public. President Nixon, in a February, 1971, message to Congress, "specifically directed the attention of Congress to the problems of alcohol abuse and alcoholism [19:v]." In response to the mandates of Public Law 91-616 and directives from the President, the Secretary of Health, Education, and Welfare assembled a task force to determine the consequences of using alcohol. This task force, comprised of experts in the field of alcohol abuse, prepared "The First Special Report to

the U.S. Congress on Alcohol and Health," in December, 1971, In part, the task force concluded:

1. Alcoholism is not a crime. It is an illness or disease which requires rehabilitation through a broad range of health and social services tailored to persons at different stages of alcohol abuse and alcoholism.

2. The causal factors of alcohol abuse and alcoholism are not yet established. Social, psychological, physiological, and cultural factors all play roles in their development and course. The full understanding of these factors and their interrelationships awaits further study.

3. Establishment of modern public-health oriented facilities to deal with intoxicated persons . . . will also facilitate:

Early detection and prevention of alcoholism.

Effective treatment and rehabilitation of alcoholic persons.

Early diagnosis and treatment of other diseases caused by, exacerbated by, or coexisting with alcohol abuse and alcoholism.

4. No battle against a public health problem can gain a significant victory if it attends only to the casualties. Appropriate treatment of persons who are abusing alcohol--the primary condition that may lead to alcoholism--can intercept the development of many cases of alcoholism. Yet much of the work in the field of alcoholism has been focused on treating late-stage victims of the disorder. Programs that are exclusively therapeutic or rehabilitative will not result in long-term conquest of the problem unless ways of preventing new cases of alcoholism are developed [19:viii-ix].

In response to these and other findings, the Health, Education, and Welfare Department (HEW) established programs and coordinated efforts in a detailed federal plan to:

1. Assist such Federal Departments as the . . . Department of Defense . . . and other Federal departments and agencies in developing and maintaining appropriate prevention and treatment programs for alcohol abuse and alcoholism.

2. Establish a clearinghouse of information to gather, systematize, maintain, and make widely available--in appropriate contexts and languages to all sectors of the population--the knowledge on alcohol abuse and alcoholism [19:x].

Current Air Force Perspective

Reacting in 1971 to the change in perspective on alcohol, the Air Force issued AFR 20-23, "Alcohol Abuse Control and Rehabilitation," which established the original Alcohol Abuse Control Program. This program did not receive strong top-level backing until 1973 when General George S. Brown became Air Force Chief of Staff. In 1972 only 592 Air Force personnel had undergone rehabilitary treatment. By 1974 the number had risen to 3,250. Of these, 1,177 individuals came forward voluntarily; 1,473 were identified by their commanders and supervisors, 162 by medical officers, and 438 by the law enforcement community. Preliminary statistics have shown an even higher participation for 1975. While the total participants increased by 440 percent from 1972 to 1974, the people identified represent only 10 percent of the estimated 31,250 individuals who should be receiving professional help through this program (9:77).

Identification is of paramount importance to the objectives of the Air Force Alcohol Abuse Control Program. Yet, only an

estimated 10 percent of personnel needing treatment have been identified. The reason more people have not been identified has been attributed to three main causes. First, superiors and associates have often been reluctant to refer or report individuals with drinking problems because, until recently, alcohol abuse was punishable (17:810). Second, the effects of social and moral stigma associated with alcoholism have often kept an individual from admitting it to himself. His family, employer, and best-friend have sometimes unwittingly conspired to help him hide it (4:3). Third, supervisory perceptiveness has not been sufficiently developed to detect the affliction unless it eventually results in rather gross impairment of performance (12:15). Even today, these same causes continue to exist.

Major William S. King, Alcohol Abuse Control Program Monitor from Air Force Headquarters, summarized the current situation in his July, 1975, remarks to the 40th Anniversary Convention of Alcoholics Anonymous:

We feel that the basic responsibility for identification of alcohol abusers rests with the individual commanders and on-the-job supervisors . . . we believe we're only identifying 10 percent of our problem drinkers . . . we have to better educate our supervisors on early detection of faltering job performance, and we're working on that [12:14].

Education and training presently consists of the requirement for all Air Force personnel, including civilians, to attend a presentation by the Social Actions office on drug and alcohol abuse. This

requirement has to be met once a year and is annotated in individual training records. Recently, in December, 1975, Air Force Headquarters issued a package entitled "Drug and Alcohol Awareness Seminar for Commanders, First Sergeants, and Supervisors" to all Social Action officers. This training seminar

. . . is designed to enhance the awareness and understanding of USAF policies on drug and alcohol abuse, their [Commanders', First Sergeants', Supervisors'] responsibilities for identification, treatment, and rehabilitation, to inform them of the methods and procedures to be used in conducting the program [21:1].

The emphasis on supervisor responsibility in identifying personnel for treatment has apparently begun to show results in the field. The following chart, taken from the most recent update of the Drug and Alcohol Abuse Control Status Book, shows comparative statistics for 1974 and 1975:

Means of Identification - Alcohol Abuse (13:3)

<u>Means</u>	<u>CY 1974</u>	<u>CY 1975 (30 Sep)</u>
Self Identified	1,177 (36%)	1,116 (27%)
Commander/Supervisor	1,473 (45%)	2,109 (52%)
Medical	162 (5%)	162 (4%)
Other (Security Police, Safety, etc.)	438 (14%)	706 (17%)
	<hr/>	<hr/>
TOTALS	3,250 (100%)	4,093 (100%)

These figures show a significant increase in the number of individuals being identified by commanders and supervisors. One could attribute this increase to the recent efforts by the Air Force to better educate and train their commanders and supervisors. In addition, there was a significant increase in the number of individuals being identified by other means such as law enforcement agencies and safety offices. This can most likely be attributed to the fact that an increase in the awareness and emphasis on alcohol related problems has evolved not only in the Air Force but in society as a whole.

Even with the statistics showing a marked improvement in this area, the General Accounting Office (GAO), has charged that the Department of Defense is still not doing enough to correct its alcohol related problems. In an April 1976 report entitled, "Alcohol Abuse Is More Prevalent in the Military Than Drug Abuse," GAO criticized the services and DOD for failing to identify alcohol abuse problems and indicated that there had not been much improvement since a similar study was made by them in 1971. In addition, the report said that the services had spent \$336 million on drug control programs from FY 1972 through 1976, but only about \$57 million on alcohol abuse control programs (3:31).

In May of 1976, the Air Force set up a group of top alcohol abuse specialists from the Air Staff, major commands, and selected civilian experts, to be headed by Brigadier General Chris C. Mann,

Deputy Director of Personnel Plans for Human Resources Development at HQ USAF. General Mann indicated that the purpose of the group was to obtain a fresh view on alcohol abuse and treatment which will help to set the stage for future program developments. The group hopes to chart the direction for future alcohol abuse efforts by obtaining a global perspective from a wide range of information, ideas, and views (7:2). The civilian experts working with the group are from the National Institute of Alcohol Abuse and Alcoholism (NIAAA) and the Rand Corporation. Rand Corporation has been working with the Air Force in an effort to determine the cost effectiveness of the Air Force alcohol program. Information collected thus far shows that the Air Force gets back \$8 for every dollar spent by returning people to duty and keeping them productive (7:2).

In June 1976, the House Appropriations Committee also began pushing the services to increase their alcohol abuse efforts. The committee's suggestion was for the Department of Defense to take about 50 percent of those funds earmarked for drug abuse and add them to the alcohol abuse program. While the exact amounts to be expended on these programs for FY77 was unknown at the time, it was estimated that around \$53.7 million and \$56.4 million would be spent on the military alcohol and drug programs, respectively. Under the committee's proposal, around \$28 million would be

switched from FY77 drug programs to alcohol abuse programs (1:4).

In support of its recommendations, the committee noted that:

It is quite apparent that the services are placing more emphasis on drug abuse than they are on alcohol abuse, even though all the available data clearly shows that alcohol addiction is a far greater problem in the armed services than drug addiction [1:4].

An article in the 19 July 1976 issue of the Air Force Times reported that the Air Force was asking its commands to review fifteen initiatives scheduled to be incorporated into the alcohol abuse program. These initiatives are recommendations that resulted from a task force created under the direction of General David C. Jones, Chief of Staff, who wanted a complete review made of the program. The initiatives deal with alternatives to alcohol abuse, identification of problem drinkers, use of program volunteers, education, alcohol deglamorization, rehabilitation and treatment, and several which deal with program and resource management. In addition, a checklist has been devised to help pinpoint areas to be examined by commanders, alcohol program managers, and other officials (2:4).

The Air Force continues to improve its efforts towards educating and training its personnel in such key problem areas as alcohol abuse. Its recent actions are evidence of the Air Force's concern for top management of its personnel resources. This thesis is intended to complement those efforts being put forth by the staff agencies and special task forces presently working in this area.

Summary

While knowledge of the Alcohol Abuse Control Program is necessary for its implementation, individual attitudes toward alcohol, alcohol abuse, and the program may be the stronger driving force towards actual behavior. In other words, a supervisor may be fully knowledgeable about the policies and procedures of the Alcohol Abuse Control Program, yet his attitude may easily determine whether he is willing to identify and refer alcohol abusers for treatment. It follows that current supervisors' attitudes could be responsible for the relatively limited amount of success that the program has experienced to date. Since no major Air Force study had been accomplished in this area, data to establish a relationship between supervisors' attitudes towards alcohol, alcohol abuse, and the Alcohol Abuse Control Program, and the amount of the program's success was not available.

OBJECTIVE

The purpose of this study was to evaluate Air Force supervisors' attitudes toward alcohol, alcohol abuse, and the Alcohol Abuse Control Program as defined in AFR 30-2. This evaluation was to provide a test of the effects of supervisors' attitudes on the limited success the Air Force has attained in identifying alcohol abusers for treatment. It was expected that the percentage of

personnel being identified for treatment would be directly reflected in the attitudes of Air Force supervisors toward alcohol, alcohol abuse, and application of the Alcohol Abuse Control Program. A secondary objective was to study relationships between demographic factors and supervisors' attitudes/behavior. Where relationships do exist, recommendations for possible improvements to the Air Force program are made as well as recommendations for future research projects.

RESEARCH HYPOTHESIS

The limited success the Air Force has attained in identifying alcohol abusers for treatment is directly reflected in Air Force supervisors' attitudes toward alcohol, alcohol abuse, and the Alcohol Abuse Control Program.

CHAPTER II

RESEARCH METHODOLOGY

OVERVIEW

This chapter relates the procedures necessary to determine the relationship between an Air Force supervisor's behavior in applying the Air Force Alcohol Abuse Control Program and his attitudes toward alcohol, alcohol abuse, and the Alcohol Abuse Control Program. Subsections describing sample population, data collection, data analysis, and a summary of assumptions and limitations are included. Emphasis is placed on establishing validity, defining variables, and exposing assumptions and limitations.

Universe Description

The universe under consideration in this study consisted of all Air Force supervisors. Air Force supervisors, as previously defined, are individuals, rank E4 and above, who were responsible for the job performance of one or more personnel and who could be identified as reporting or endorsing officials for one or more subordinates.

Population of Interest

The population under consideration was the attitudes and behavior toward alcohol, alcohol abuse, and the Alcohol Abuse Control Program of military supervisors located at Air Force Logistics Command (AFLC) bases in the continental United States. For purposes of this study, enlisted men below the rank of E-4 were not considered. Individuals below E-4 were believed to hold very few supervisory positions and finding the necessary number of qualified respondents to satisfy statistical objectivity was deemed difficult and costly. In addition, civilian personnel were excluded from this study since AFR 30-2 states that they are to be counseled and referred to local community rehabilitation facilities and, therefore, do not become involved with Air Force rehabilitation centers. For this reason, all statistics that were available and were used in this research effort apply only to active duty personnel.

The population was limited to AFLC bases due to availability of AFLC Headquarters' assistance in administering the questionnaires. Since statistical tests proved significant in relating the sample to the population, it should be noted that most Air Force personnel are rotated quite frequently between different commands. This fact tended to support generalizations about the universe.

Sample

The sample had to contain the attitudes and behavior of at least 238 randomly selected active duty supervisors currently assigned to AFLC to achieve a 94% confidence level that they represented the true population. This number was derived from the following general formula for computing sample size (20:118):

$$n = \frac{N(z^2)xp(1-p)}{(N-1)(d^2) + (z)^2xp(1-p)}$$

where:

- n = sample size
- N = population size
- p = maximum sample size factor (.50)
- d = desired tolerance (.06)
- z = factor of assurance (1.88) for 94% confidence level

The population size was obtained from the 5 March 1976 AFLC Command Strength Register. The sample size was then computed as shown below:

$$n = \frac{7687 (1.88^2) \times .50(1-.50)}{(7687-1)(.05^2) + (1.88^2) \times .50(1-.50)}$$

$$n = \frac{27169 \times .25}{27.6696 + .8836} = 237.8799 \text{ or } 238$$

INFORMATION REQUIREMENTS

The main information that was required in this study can be generally stated as how military supervisors' attitudes toward

alcohol, alcohol abuse, and the Air Force Alcohol Abuse Control Program relate to their behavior as demonstrated by their willingness to identify and refer alcohol abusers to the program.

More specifically, a measurement of supervisory attitudes was needed. The measurement had to allow ordinal level data comparisons in order to establish a quantitative relationship between the attitudes and resulting behavior. While it was acknowledged that attitude measurement frequently deals with the conscious sub-surface level of abstraction, this study assumed that, by use of Likert's method of summated ratings, attitudes could be numerically rank ordered relative to each other (24:123).

Information about the respondents themselves and their behavior was also needed in order to determine the association between the respondents, their behavior, and their attitudes. This information, derived from the conscious surface level of abstraction, was grouped under the term "demographic factors." These factors are specifically described in the test instrument section of this chapter.

Sampling Plan

Data for this study was nonexistent and, therefore, had to be produced. Similarly, a complete test instrument for gathering the needed data did not exist and so it too had to be created. The data itself consisted of the responses from Air Force supervisors

answering a survey questionnaire. Supervisors at AFLC bases participated in the survey. Personnel Section, AFLC Headquarters, helped administer the survey by providing a list of all its personnel, rank E-4 and above. From this list, questionnaires were mailed out to a randomly invited sample of 500 supervisors. Randomness was assured by applying a computer generated random number selection process to the listing. Returned questionnaires were screened for validity by discarding those with incomplete responses, obviously incorrect responses such as age equals 200 years, and responses from non-supervisors. An Army study on mail survey response had indicated a return rate of 81 percent for most questionnaires (23:A9). Based on this figure, it was estimated that a sample of approximately 400 supervisors would be generated. A sample size of 238 was necessary in order to be 94 percent sure that the sample taken had come from the true population (21:117). It should be noted that a single sample of 238 supervisors was determined for several reasons. First, this study was attempting to support a hypothesis that a direct relationship exists between supervisors' attitudes and the success of the Air Force Alcohol Abuse Control Program. Since this study was a test concerning attitudinal traits, the error due to purely statistical reasons had to be minimized. Secondly, when the variables were analyzed individually, relationships at mathematically computed confidence intervals were determined for generalizations

about the population. Since no actual test of an additional hypothesis was involved, separate samplings of 238 for each demographic category was not necessary. Additionally, such extensive sampling would have been costly and beyond the scope and intent of this research project.

Test Instrument

The test instrument itself (see Appendix A) consisted of questions concerning two general categories. First, demographic factors were queried including: age, sex, years of service, rank, whether the supervisor attended training on alcohol abuse during the past year, number of personnel supervised during the past year, number of personnel supervisor perceived as alcohol abusers during the past year, number of personnel supervised identified "by supervisor" as alcohol abusers during the past year, and number of supervised personnel identified for program by any means during the past year (including supervisor). Second, attitudinal questions were designed to measure the supervisors' attitudes toward alcohol, alcohol abuse, and the Air Force Alcohol Abuse Control Program.

Creation of a questionnaire was necessary for two reasons. First, no acceptable questionnaire existed. Second, time and cost considerations ruled out interviewing and other survey methods. Several of the questions selected, or very similar questions had been used previously, however, in numerous surveys. In addition, a few

of the questions were formed by rephrasing statements in the regulation describing the Air Force Alcohol Abuse Control Program. A pilot study was conducted to evaluate the questionnaire and is discussed in the validity and limitations section of this chapter.

As previously mentioned, attitudes frequently require measurement of information that comes from a respondent's conscious sub-surface level. As a result, any questionnaire attempting to measure information from this level requires a means of converting the raw data to a more usable form. Renis Likert's method of summated ratings will be used in this study to assign rating values to individual responses (24:125). Likert's method accommodated several questions measuring the same attitudes. This method assumed that each statement in the scale was a linear function of the same attitude dimension (24:125). Likert's method further assumed that a particular question had the same meaning for all respondents (24:123).

Conscious sub-surface data impose constraints that are present when obtaining indirect information. As a result, only descriptions about the behavior of the sample group could be concluded. Since correlations did exist between the attitudes of the sample group and their behavior, generalizations about the population and the universe were produced.

Validity and Limitations

Since the major portion of the test instrument was new, several steps were necessary to help insure that the questionnaire would measure supervisors' attitudes toward the proper variables. First, results from an Army study conducted by the Human Resources Research Organization on candidness of survey questionnaires were utilized to help insure that the questionnaire was constructed to minimize intentional distortion (23:26).¹ Second, the information collected was designed to deal with conscious surface and conscious sub-surface psychological levels of data. This limitation helped to insure more honest responses when compared to information sought from the conscious depth and unconscious levels (20:78-85). Third, the questionnaire was reviewed by behavioral management experts from the Air Force Institute of Technology and was subsequently reviewed by the Deputy Chief of Social Actions, HQ AFLC. Finally, a pilot study with a sample size of 25 was conducted to test the validity of the questionnaire. This study helped identify questions that appeared to accurately measure supervisors' attitudes. It also helped identify questions that required revision or deletion from the test instrument.

¹Implications from the study indicate that respondents are more likely to provide accurate responses if demographic factors are limited. If possible, race and religion should definitely be omitted. Purposes of the questionnaire should be explained, and randomized inquiry procedures also improve accuracy.

DATA ANALYSIS

Translating Data into Information

The data analysis portion of this research used the data producing sample as described in the previous section. Each questionnaire was scored separately through the use of an optical scanner and the data was loaded onto a computer file. A computer program was then constructed using the Statistical Package for the Social Sciences (SPSS) programming language. This program was capable of recoding, computing, and summarizing the data into usable information. The SPSS programming package was also capable of computing correlations using Kendall's Rank Correlation Coefficient, tau (τ).

The test instrument itself had two basic categories of variables. These were the demographic/behavioral factors and the three attitudinal factors. The researchers pre-identified the questions as to which of the three attitude variables they were intended to measure. The remaining questions measured the demographic/behavioral factors. Eight questions were asked pertaining to the supervisors' attitude towards alcohol and, similarly, eight questions on his attitude towards alcohol abuse. Fifteen questions were asked on the third attitude variable, the supervisor's attitude towards the Alcohol Abuse Control Program. Each of the questions had five possible answer blocks as shown below:

()	()	()	()	()
Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
(1)	(2)	(3)	(4)	(5)

The answer blocks were assigned numerical values of 1 through 5 which did not appear on the questionnaires themselves. Some questions were weighted from left to right (1 → 5) while others were weighted from right to left (5 ← 1) depending primarily on how the question was asked. This hopefully prevented the respondent from answering the questions down one column or the other. It also provided a check as to whether there were conflicting answers on similar questions.

The values for a set of the five most significant questions on each attitude variable were summed and this measurement was labeled as the Attitude Index Measurement (AIM) being measured for each respondent. This method was modeled very closely to Likert's Method of Summated Ratings (24:125).

A summary of the responses to each question is provided in Chapter III under Findings. In addition, for those supervisors who perceived individuals as having drinking problems, an additional summary is made of those five questions which composed their three Attitude Index Measurements (AIMs). Finally, a summary is presented in Chapter IV under Primary Hypothesis Test Results which explains the correlations that were run between the two behavior

groups: (1) those who perceived individuals and did identify them to the program, and (2) those who perceived individuals and did not identify them to the program. This procedure allowed the attitudes of the individuals, or their AIMs towards alcohol, alcohol abuse, and the Alcohol Abuse Control Program, to be compared to their behavior to see if significant correlations existed.

Testing the Research Hypothesis

The research hypothesis tested is stated below:

The success the Air Force has attained in identifying alcohol abusers for treatment is directly reflected in Air Force supervisors' attitudes towards alcohol, alcohol abuse, and the Alcohol Abuse Control Program.

The use of non-parametric statistics was employed based on the type and level of data being gathered. The data was converted into attitude indexes and subsequently rank ordered, which made it possible to deal quantitatively with individual attitudes on the basis of qualities not open to exact measurement. The possible values for each attitude index ranged from 5 to 25. However, based on the initial pilot study, it was estimated that the actual range would fall between 7 and 23. The ranking of the data allowed correlations to be established between the attitude variables, expressed as Attitude Index Measurements (AIMs), and the behavior variable expressed as a percentage of the number the supervisor identified to the program divided by the total number he perceived as having an alcohol problem. The tool

used in this study was Kendall's Rank Correlation Coefficient:

T (tau), as described in Siegel's book, Non-Parametric Statistics:

For the Behavioral Sciences. The basic formula is:

$$T = \frac{S}{1/2 N(N-1)}$$

where

N = Number of observations

S = Variable computed from rank ordered data (18:216)

However, due to the large sample size being considered, the variables included several tied scores. Therefore, a variation of the basic formula was used as follows:

$$T = \frac{S}{\sqrt{1/2 N(N-1) - T_x} \sqrt{1/2 N(N-1) - T_y}}$$

where

$T_x = 1/2 \sum t(t-1)$, t being the number of tied observations in each group of ties on x variable.

$T_y = 1/2 \sum t(t-1)$, t being the number of tied observations in each group of ties on y variable.

N = Number of observations

S = Variable computed from rank ordered data (18:218).

The value of T (tau) falls between +1 and -1. The value of +1 shows a perfect positive correlation whereas -1 shows a perfect inverse correlation. A zero value would indicate no correlation between the variables under consideration. For the purpose of this research,

any positive correlation with a significance of 95% or greater was considered supportive of the research hypothesis. It should be noted that when the Kendall correlation coefficient (T) is compared to other methods of correlation, for example, the Spearman correlation coefficient (r_s), the underlying scales are different. This difference means that numerically they are not directly compatible with each other. For instance, when T (Kendall's tau) = .40, a corresponding value of r_s (Spearman's correlation coefficient) would be .64. However, both coefficients use the same information from the data, and thus have the same power to detect the existence of association between variables (18:219).

One advantage of T over r_s is that T can be generalized to a partial correlation coefficient. The pilot study had not indicated that a partial correlation would be appropriate. However, should it become appropriate in future research efforts, the Kendall correlation coefficient would permit the expanded use of a partial correlation. This would be particularly useful where two or more variables are related in showing a significant correlation with the third variable (18:214).

When the sample size is larger than 10, T may be considered normally distributed with a zero mean and unit variance. The approximate z statistic to test the significance of the sample as it related to the overall population was computed as follows (18:221):

$$z = \frac{T - u_T}{\sigma_T} = \frac{T}{\sqrt{\frac{2(2N+5)}{9N(N-1)}}}$$

where

$$\text{Mean} = u_T = 0$$

$$\text{Standard Deviation} = \sigma_T = \sqrt{\frac{2(2N+5)}{9N(N-1)}}$$

N = size of sample

Since most statistics in this research were only estimates of the true population, a 95% confidence interval was used with a corresponding value of $\alpha = .05$. The z critical value was found using the Standard Mathematical Tables published by Chemical Rubber Company. Entering the normal distribution table where $\alpha = .05$, the z critical value was found to be 1.645. Therefore, for any computed z value greater than 1.645, the researcher could be 95% sure that the sample taken was representative of the true population.

The criteria test was based on the resulting values obtained that show the mean percentage of personnel being identified and referred for treatment in the sample. If this percentage is found to lie between 6-14 percent, it will be considered a valid estimator of the overall population and thus support our research hypothesis. The variation of 6-14 percent is based on the current estimate that approximately 10 percent of the alcohol abusers in the Air Force are

presently being identified and referred for treatment. This figure, however, is only a rough estimate since statistics have never been computed in this area due to lack of appropriate data. The data can, therefore, either illustrate added support to the current Air Force estimate or offer support to refute it. The results of all statistical tests and the criteria test are found in Chapter IV under the Analysis section.

SUMMARY LIST OF ASSUMPTIONS

1. Personnel below the rank of E-4 were believed to hold very few supervisory positions. Therefore, only personnel of rank E-4 and above were considered as potential supervisors.
2. Subjective attitudes can be measured and numerically structured to permit correlation at the ordinal level (24:123).
3. Likert's method of summated ratings assumes that a linear relationship exists between multiple questions measuring the same attitude (24:125).
4. Personnel sampled answered honestly to each question concerning demographic factors since they dealt with the conscious-surface level (20:78).
5. Personnel sampled answered honestly to each attitudinal question because these questions attempted to measure data from the conscious surface and conscious sub-surface levels (20:80-81).

SUMMARY LIST OF LIMITATIONS

1. Air Force supervisors were limited to those military personnel currently assigned to AFLC bases.
2. Existing data were not available for determining supervisors' attitudes toward alcohol, alcohol abuse, and the Alcohol Abuse Control Program.
3. An untested instrument had to be produced for this study.
4. The level of data at which comparisons could be made was ordinal. Thus, more powerful statistical tests could not be used.
5. Only a roughly estimated figure of Air Force alcohol abusers existed (5 percent). Thus, even if the study proved statistically significant, results could appear to be incorrect due to the lack of accuracy of the Air Force percentage of abusers.
6. Supervisors below the rank of E-4 were not considered.
7. Schedule constraints imposed, limited the available time to develop, validate, and administer the test instrument.
8. The behavior statistic was dependent upon supervisors' perceptions of total number of alcohol abusers under their control.

CHAPTER III

SURVEY RESULTS

INTRODUCTION

This chapter presents the results of the survey. The first section deals with responses to the questionnaire and the representativeness of the data produced. The second section categorizes the data produced into findings concerning demographic factors and attitudinal responses. The third section identifies numerical relationships between certain behavior and the associated attitude towards alcohol, alcohol abuse, and the Air Force Alcohol Abuse Control Program. An analysis of the results is presented in Chapter IV.

DATA PRODUCED

Of the 500 questionnaires distributed, 336 were returned resulting in a 67.2% return rate. Thirty-four of those returned were not usable because the respondents were not supervisors. An additional thirty-one questionnaires were not usable due to obviously haphazard responses and incorrect responses where a respondent answered that he was an enlisted man and an officer, male and

female, or other infeasible responses. Eight questionnaires were received after the cut-off date and thus were not used. Five questionnaires were returned blank. These deletions left a total of 258 data-producing questionnaires.

The returned questionnaires were analyzed for representation of the population. Since an individual's rank was the population parameter used to determine a potential supervisor, rank was also used to compare the population with the data sample for representativeness. The table below indicates the proportions of the various supervisory ranks in the population and sample.

Table 1

Comparison of Proportions of Supervisory Rank

Rank	Population	Invited Sample	Data Producing Sample
E4-E5	43.1%	42.8%	28.3%
E6-E7	20.1%	21.6%	31.0%
E8-E9	<u>3.4%</u>	<u>4.0%</u>	<u>7.4%</u>
Enlisted Totals	66.6%	68.4%	66.7%
01-02	4.0%	3.5%	1.6%
03-04	20.9%	18.1%	19.8%
05-06	<u>8.5%</u>	<u>10.0%</u>	<u>11.9%</u>
Officer Totals	33.4%	31.6%	33.3%

Although a higher return rate was originally anticipated, last minute changes in the questionnaire format and some difficulty in obtaining complete addresses for potential respondents undoubtedly caused a decrease in the overall return rate. Many of the questionnaires that were returned had indications of misrouting so this too may have lowered the return rate. Of the thirty-four returned questionnaires that were answered by non-supervisors twenty-two were either E4-E5s or O1-O2s indicating that there were proportionately more non-supervisors in the lower enlisted and lower officer ranks. This factor may explain some of the variation in Table 1. The variations were therefore assumed to have no adverse effect on the representativeness of the data produced. As such, and because the officer and enlisted totals closely parallel the actual proportions of men assigned to Air Force Logistics Command (Table 1), the data producing sample was assumed to be representative of the population studied.

FINDINGS

This section presents, in a descriptive fashion, the results of the survey. A summarization of demographic factors is displayed followed by results of the attitudinal and behavioral factors. The values of the specific answers do not correspond directly to the answers on all of the questions. The questions highlighted with an

asterisk were oriented so that A through E were scored with weighted values of 5 through 1, respectively. The remaining questions were oriented A through E and scored with weighted values of 1 through 5. The questions were reverse oriented in a number of cases in order to protect against biasing.

Demographic Factors

Table 2
Demographic Factors

1. Age

Under 25	25-32	33-41	42-49	50-over
14	74	121	42	7
5.4%	28.7%	46.9%	16.3%	2.7%

2-3. Rank

01-02	03-04	05-06
4	51	31
1.6%	19.8%	12.0%
E4-E5	E6-E7	E8-E9
73	80	19
28.3%	31.0%	7.4%

Table 2 (continued)

4. Sex

Male	Female
246	12
95.3%	4.7%

5-6. Years of Service

0-2	3-5	6-8	9-11	12-14
3	17	43	27	33
1.2%	6.6%	16.7%	10.5%	12.8%
15-17	18-20	21-23	24-27	27-More
36	38	40	15	6
14%	14.7%	15.5%	5.8%	2.3%

Behavioral Factors

(Note: The numbers correspond to the question number from the questionnaire.)

Table 3

Behavioral Factors

7-10. Number of people you supervised (include only the number you rated or were first endorsing official for) in the past year.

Number	1	2	3	4	5
Frequency	19	37	37	28	24
Percent	7.4%	14.3%	14.3%	10.9%	9.3%
	6	7	8	9	10
	21	12	12	8	17
	8.1%	4.7%	4.7%	3.1%	6.6%
	16	17	18	19	
	2	2	4	9	
	.8%	.8%	1.6%	3.5%	

11-14. Number of those supervised in the past year (reference questions 7-10) who had their job performance suffer more than once (e.g. late to work, less efficient, poorer quality of work, absent) because of alcohol or alcohol related problems.

	0	1	2	3	4
	175	60	14	5	4
	67.8%	23.3%	5.4%	1.9%	1.6%

Total of 119 individuals

Table 3 (continued)

15-18. Number of those supervised in the past year (reference questions 7-10) who you think showed evidence of a drinking problem either on the job or off-duty (e. g. at the club, parties).

0	1	2	3	4
162	59	25	3	4
62.8%	22.9%	9.7%	1.2%	1.6%
5	6	7	8	
3	1	0	1	
1.2%	.4%	0	.4%	

Total of 163 individuals

52-53. I have identified and referred the following number of personnel for treatment to the Alcohol Abuse Control Program who were under my supervision in the past year (reference questions 7-10).

0	1	2	3
228	24	5	1
88.4%	9.3%	1.9%	.4%

Total of 37 individuals

Table 3 (continued)

54-55. Of those I have supervised (rated or endorsing official) in the past year, the following number were identified and referred to the Alcohol Abuse Control Program either by myself or by other sources (e.g. self-identification, medical authorities, other supervisors).

0	1	2	3	5
217	31	6	3	1
84.1%	12.0%	2.3%	1.2%	.4%

Total of 57 individuals

24. Have you received any alcohol abuse training through the Air Force in the past year?

Attended	Did not Attend
195	63
75.6%	24.4%

26. Have you ever heard of the Air Force Alcohol Abuse Control Program?

Have Heard of It	Have Not
234	24
90.7%	9.3%

Attitudinal Responses Toward Alcohol

Table 4

Attitudes Toward Alcohol

19. Alcohol is a drug as much as narcotics, LSD, amphetamines and barbituates.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	27	16	7	43	165
Percent	10.5%	6.2%	2.7%	16.7%	64%

23. Alcohol can serve a lot of useful purposes like celebrating certain occasions, making one feel good, and helping one to forget his problems.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	152	34	15	36	21
Percent	58.9%	13.2%	5.8%	14%	8.1%

40. I encourage the recent actions taken by the Air Force to reduce happy hours at the clubs and play down the use of liquor at hail and farewell parties, dining-ins and other military social affairs.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	64	25	23	39	107
Percent	24.8%	9.7%	8.9%	15.1%	41.5%

Table 4 (continued)

42. A party where alcoholic beverages are not served is usually quiet and dull.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	128	34	22	46	28
Percent	49.6%	13.2%	8.5%	17.8%	10.9%

47. People who have problems with drinking are mainly people who just can't hold their liquor.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	216	17	9	9	7
Percent	83.7%	6.6%	3.5%	3.5%	2.7%

48. Drinking is kind of a personal thing and I shouldn't interfere unless an individual's job performance falls below Air Force standards.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	118	60	15	42	23
Percent	45.7%	23.3%	5.8%	16.3%	8.9%

50. Although most people won't admit it, alcohol has more good aspects to it than bad.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	176	36	30	8	8
Percent	68.2%	14.0%	11.6%	3.1%	3.1%

Table 4 (continued)

51. Having just a couple drinks each day can actually be good for most people.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	159	36	36	21	6
Percent	61.6%	14%	14%	8.1%	2.3%

Attitudinal Responses Toward Alcohol Abuse

Table 5

Attitudes Toward Alcohol Abuse

20. Alcoholism is a disease.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	35	10	12	32	169
Percent	13.6%	3.9%	4.7%	12.4%	65.5%

22. An increase in the awareness of alcoholism has caused it to become one of the nation's top health problems of today along with heart disease and cancer.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	28	15	20	33	162
Percent	10.9%	5.8%	7.8%	12.8%	62.8%

Table 5 (continued)

41. Alcoholics are basically people who have lower morals and/or lack self-discipline.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	169	20	8	37	24
Percent	65.5%	7.8%	3.1%	14.3%	9.3%

43. If I know a man who has drinking problems, but I think he does a good job, I will probably let it go as long as it isn't too noticeable or doesn't show too often.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	108	54	41	45	10
Percent	41.9%	20.9%	15.9%	17.4%	3.9%

44. Few alcoholics can be treated and fully rehabilitated.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	141	33	38	30	16
Percent	54.7%	12.8%	14.7%	11.6%	6.2%

45. An alcoholic, in most cases, cannot cope with his problem by himself. He has to have outside help.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	7	8	16	44	183
Percent	2.7%	3.1%	6.2%	17.1%	70.9%

Table 5 (continued)

46. Once an alcoholic has been rehabilitated, he should be able to drink socially as long as he holds it down to only a couple of drinks.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	176	25	34	13	10
Percent	68.2%	9.7%	13.2%	5.0%	3.9%

49. Presently, there is really no effective way to treat alcoholism.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	157	37	34	16	14
Percent	60.9%	14.3%	13.2%	6.2%	5.4%

Attitudinal Responses Toward the Alcohol Abuse Control Program

Table 6

Attitudes Toward the Alcohol Abuse Control Program

21. It should be up to the alcoholic or problem drinker to identify himself to appropriate people and/or programs for help.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	108	48	8	50	44
Percent	41.9%	18.6%	3.1%	19.4%	17.1%

Table 6 (continued)

25. Whether you received any training or not, do you feel it is a necessary and worthwhile subject for training?

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	18	10	16	43	171
Percent	7.0%	3.9%	6.2%	16.7%	66.3%

Note: The following questions were not answered by 20 individuals because they had not heard of the Alcohol Abuse Control Program. As a result the frequency and overall percentages will be slightly different from previous questions.

*27. The Alcohol Abuse Control Program is a good program in theory, but it just doesn't have the professional skill to really help problem drinkers and alcoholism.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	31	56	60	35	56
Percent	12.0%	21.7%	23.2%	13.6%	21.7%

*28. The Alcohol Abuse Control Program is primarily set up for people who are alcoholics or have very serious drinking problems.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	72	41	19	32	74
Percent	27.9%	15.9%	2.4%	12.4%	28.7%

Table 6 (continued)

29. It should be a supervisor's responsibility to identify personnel under his supervision who have drinking problems and refer them to the Alcohol Abuse Control Program.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	12	14	8	70	134
Percent	4.7%	5.4%	3.1%	27.1%	51.9%

*30. If a program is identified and referred to the Alcoholic Abuse Control Program, it will usually hurt the man's future career in the Air Force.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	97	28	34	52	27
Percent	37.6%	10.9%	13.2%	20.2%	10.5%

*31. When a person is identified and referred to the Alcoholic Abuse Control Program, it frequently involves a lot of paperwork, reports, and follow-on action for the supervisor.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	76	31	78	34	17
Percent	29.5%	12.0%	30.2%	13.2%	6.6%

Table 6 (continued)

*32. The Air Force spends more time and money trying to help people with drinking problems than it's worth.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	158	21	30	13	16
Percent	61.2%	8.1%	11.6%	5.0%	6.2%

33. My supervisor actively supports the Alcohol Abuse Control Program both verbally and by his actions.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	21	12	59	30	116
Percent	8.1%	4.7%	22.6%	11.6%	45%

*34. The Alcohol Abuse Control Program is primarily set up to help problem drinkers and alcoholics stay in the service until they can retire.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	164	30	22	9	13
Percent	63.6%	11.6%	8.5%	3.5%	5%

*35. It really isn't the supervisor's job to identify problem drinkers under his supervision unless it affects mission accomplishment, then it becomes an Air Force concern.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	153	40	3	20	22
Percent	59.3%	15.5%	1.2%	7.8%	8.5%

Table 6 (continued)

*36. If I approached someone about his drinking problems, it would not only embarrass the individual but also myself.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	123	36	15	55	9
Percent	47.7%	14%	5.8%	21.3%	3.5%

37. The Alcohol Abuse Control Program, as it is presently set up, performs an important function in the Air Force.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	16	10	35	62	115
Percent	6.2%	3.9%	13.6%	2.4%	44.6%

39. Most supervisors take the program seriously and, therefore, do their best to support it.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	19	16	56	36	111
Percent	7.4%	6.2%	21.7%	14%	43%

40. I encourage the recent actions taken by the Air Force to reduce happy hours at the clubs and play down the use of liquor at hail and farewell parties, dining-ins and other military social affairs.

	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree
Frequency	55	37	43	51	52
Percent	21.3%	14.3%	16.7%	19.8%	20.2%

RELATIONSHIPS BETWEEN BEHAVIORAL AND ATTITUDINAL RESPONSES

This section will expose relationships between supervisors who perceived subordinates with alcohol related problems and identified the individuals to the control program, and supervisors who perceived subordinates with problems but did not identify them to the program. All of the thirty-one attitudinal questions were analyzed for significant differences between response trends or, as earlier described, the attitude index measurement (AIM).

An AIM for alcohol, alcohol abuse, and the Air Force Alcohol Abuse Control Program was computed from the five questions from each attitudinal area that demonstrated the most significant difference between identifying and non-identifying supervisors. AIM A on the attitude index measurement toward alcohol was composed of questions 19, 40, 42, 50, and 51. Questions 22, 41, 43, 44, and 49 composed AIM B as did questions 29, 39, 32, 34, and 35 compose AIM C.

In total, 97 of the 258 respondents indicated that they perceived one or more subordinates with an alcohol related problem. Of these 97, only 28 identified individuals to the control program. A total of 69 supervisors did not identify perceived individuals to the program. The following lists display identifying and non-identifying supervisors' responses to questions concerning their three AIMs.

AIM A--Attitude Toward Alcohol

Table 7

Comparison of Identifying and Non-identifying
Supervisors' Attitudes Toward Alcohol

19. Alcohol is a drug as much as narcotics, LSD, amphetamines and barbituates.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
2	7.1	Disagree	12	17.4
3	10.7	Slightly Disagree	3	4.3
2	7.1	Undecided	1	1.4
1	3.6	Slightly Agree	10	14.5
20	71.4	Agree	43	62.3

40. I encourage the recent actions taken by the Air Force to reduce happy hours at the clubs and play down the use of liquor at hail and farewell parties, dining-ins and other military social affairs.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
1	3.6	Disagree	23	33.3
2	7.1	Slightly Disagree	6	8.7
4	14.3	Undecided	6	8.7
9	32.1	Slightly Agree	7	10.1
12	42.9	Agree	27	39.1

Table 7 (continued)

42. A party where alcoholic beverages are not served is usually quiet and dull.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
16	57.1	Disagree	33	47.8
7	25.0	Slightly Disagree	8	11.6
0	0	Undecided	6	8.7
4	14.3	Slightly Agree	18	26.1
1	3.6	Agree	4	5.8

50. Although most people won't admit it, alcohol has more good aspects to it than bad.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
22	78.6	Disagree	50	72.5
4	14.3	Slightly Disagree	6	8.7
2	7.1	Undecided	6	8.7
0	0	Slightly Agree	2	2.9
0	0	Agree	5	7.2

51. Having just a couple of drinks each day can actually be good for most people.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
20	71.4	Disagree	38	55.1
3	10.7	Slightly Disagree	9	13.0
2	7.1	Undecided	13	18.8
3	10.7	Slightly Agree	8	11.6
0	0	Agree	1	1.4

AIM B--Attitude Toward Alcohol Abuse

Table 8

Comparison of Supervisors' Attitudes
Toward Alcohol Abuse

22. An increase in the awareness of alcoholism has caused it to become one of the nation's top health problems of today along with heart disease and cancer.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
1	3.6	Disagree	10	14.5
2	7.1	Slightly Disagree	5	7.2
1	3.6	Undecided	2	2.9
2	7.1	Slightly Agree	9	13.0
22	78.6	Agree	43	64.2

35. It really isn't the supervisor's job to identify problem drinkers under his supervision unless it affects mission accomplishment, then it becomes an Air Force concern.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
23	82.1	Disagree	45	65.6
0	0	Slightly Disagree	6	8.7
0	0	Undecided	2	2.9
2	7.1	Slightly Agree	8	11.6
3	10.7	Agree	8	11.6

Table 8 (continued)

43. If I know a man who has drinking problems, but I think he does a good job, I will probably let it go as long as it isn't too noticeable or doesn't show too often.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
16	57.1	Disagree	24	34.8
5	17.9	Slightly Disagree	15	21.7
3	10.7	Undecided	10	14.5
4	14.3	Slightly Agree	16	23.2
0	0	Agree	4	5.8

44. Few alcoholics can be treated and fully rehabilitated.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
21	75.0	Disagree	32	46.4
1	3.6	Slightly Disagree	8	11.6
1	3.6	Undecided	14	20.3
3	10.7	Slightly Agree	9	13.0
2	7.1	Agree	6	8.7

49. Presently, there is no really effective way to treat alcoholism.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
21	75.0	Disagree	42	60.9
1	3.6	Slightly Disagree	8	11.6
3	10.7	Undecided	6	8.7
2	7.1	Slightly Agree	10	14.5
1	3.6	Agree	3	4.3

AIM C--Attitude Toward the Alcohol Abuse Control Program

Table 9

Comparison of Supervisors' Attitudes Toward
the Alcohol Abuse Control Program

29. It should be a supervisor's responsibility to identify personnel under his supervision who have drinking problems and refer them to the Alcohol Abuse Control Program.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
1	3.6	Disagree	6	8.7
3	10.7	Slightly Disagree	5	7.2
1	3.6	Undecided	8	11.6
4	14.3	Slightly Agree	17	24.6
19	67.9	Agree	33	47.8

30. If a person is identified and referred to the Alcohol Abuse Control Program, it will usually hurt the man's future career in the Air Force.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
17	60.7	Disagree	30	43.5
2	7.1	Slightly Disagree	8	11.6
3	10.7	Undecided	10	14.5
3	10.7	Slightly Agree	13	18.8
3	10.7	Agree	8	11.6

Table 9 (continued)

32. The Air Force spends more time and money trying to help people with drinking problems than it's worth.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
22	78.6	Disagree	44	63.8
0	0	Slightly Disagree	7	10.1
2	7.1	Undecided	9	13.0
0	0	Slightly Agree	2	2.9
4	14.3	Agree	4	5.8

34. The Alcohol Abuse Control Program is primarily set up to help problem drinkers and alcoholics stay in the service until they can retire.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
24	85.7	Disagree	42	60.9
1	3.6	Slightly Disagree	9	13.0
1	3.6	Undecided	11	15.9
1	3.6	Slightly Agree	1	1.4
1	3.6	Agree	6	8.7

35. It really isn't the supervisor's job to identify problem drinkers under his supervision unless it affects mission accomplishment, then it becomes an Air Force concern.

Identifying Supervisor			Non-identifying Supervisor	
Number	Percent		Number	Percent
21	75.0	Disagree	39	56.5
4	14.3	Slightly Disagree	13	18.8
0	0	Undecided	5	7.2
1	3.6	Slightly Agree	6	8.7
2	7.1	Agree	6	8.7

CHAPTER IV

ANALYSIS, CONCLUSIONS, AND RECOMMENDATIONS

INTRODUCTION

The primary purpose of this study was to investigate the attitudes of military supervisors towards alcohol, alcohol abuse, and the Air Force Alcohol Abuse Control Program. At the same time, several demographic/behavioral factors were included in this study so that comparisons could be made with various attitude index measurements (AIMs).

This section analyzes the findings of the study and attempts to focus in on attitudinal versus behavioral aspects of the supervisors (i. e. their attitudes towards alcohol, alcohol abuse, and the Alcohol Abuse Control Program, and their behavior in identifying or not identifying personnel to the program). Inconsistencies are presented which were found to exist between the supervisors' attitudinal and demographic/behavioral factors and the Air Force program. The analysis also includes a test of the research hypothesis and the resulting implications that can be made. Finally, this section presents conclusions of this study, recommendations for improving the Air Force Alcohol Abuse Control Program, and suggested topics for future research.

ANALYSIS

Inconsistencies With the Air Force Program

Several inconsistencies were found to exist between the responses of the sample and Air Force policies, procedures, and/or regulations.

While the Air Force has incorporated the widely accepted disease concept of alcoholism in its programs, 31.4% of the respondents either disagreed or were undecided as to whether alcoholism is really a disease.

Although drug and alcohol abuse training is required at least once a year, 24.4% of the respondents had not received any alcohol abuse training in the past year. A total of 9.3% of the sample had not even heard of the Air Force Alcohol Abuse Control Program.

While most experts in this field believe an alcoholic needs outside help or encouragement to enter an alcohol abuse program, 36.5% of the respondents felt that it was up to the alcoholic to identify himself to the program. This attitude also tends to conflict with the Air Force policy that it is a supervisor's responsibility to identify personnel to the program.

Additional factors or attitudes which might hinder a supervisor's willingness to identify personnel to the program were uncovered. A total of 33.2% felt that it would hurt a man's career if they identified him to the program. Further, 21.4% felt that it would entail

a large amount of paperwork and follow-on action for the supervisor involved. Another factor which is probably overlooked is that 26.8% felt that it would embarrass them to have to approach a person concerning a drinking problem. Finally, only 43.3% of the respondents agreed that most supervisors in the Air Force take the alcohol abuse program seriously and do their best to support it.

Demographic-Behavioral and Attitudinal Component Relationships

The study showed that overall there was very little difference in the attitudinal and behavioral factors based on sex. However, one surprising difference concerning training was found. A total of 23.7% of the males had not attended training in the past year compared to a total of 33.3% for females. This may or may not be significant since there were only 12 females in the sample. Further investigation would be required to see if this difference holds true for the entire population and/or universe.

The demographic factors of age and years in the service were found to have no significant influence on a supervisor's attitudes and behavior. This was a little surprising since the researchers expected that the younger and less experienced supervisor would perceive and identify fewer individuals to the program. It was believed that the younger supervisor would generally be holding a lower level job position and he would be working with personnel closer to his own age

group. In this case, it was felt that peer pressure and inexperience would reduce a younger supervisor's willingness to identify personnel to the program.

When the sample was compared based on rank, it was found that non-commissioned officers perceived proportionately more personnel with alcohol related problems than officers. A total of 40.1% of the non-commissioned officers perceived one or more individuals compared to 32.6% of the officers. No other differences were found to exist in the remaining attitudinal and behavioral factors based on rank.

One of the most significant findings in this study centered around the behavioral factor concerning training. It was found that whether a supervisor had attended training on alcohol abuse in the past year or not apparently had almost no effect on his ability to perceive or his willingness to identify personnel to the program. These comparisons which are based on the entire sample are shown below:

Table 10

Comparison of Training and No Training

Attended Training		Did Not Attend Training	
		<u>Number Perceived</u>	
61.3%	0	62.8%	
24.2	1	22.4	
8.1	2	10.4	
6.4	3 or more	4.4	
		<u>Number Identified</u>	
90.3%	0	87.8%	
8.1	1	9.7	
1.6	2	2.0	
-	3	.5	

In making selected comparisons within the sample, significant differences were found to exist between the two behavior groups which were the focal point of the research effort. These two groups were: (1) those supervisors who perceived and identified individuals to the alcohol abuse program, and (2) those supervisors who perceived but did not identify personnel to the alcohol abuse program.

Of those supervisors who perceived and identified alcohol problems, 78.6% attended training on alcohol abuse compared to 73.9% for those supervisors who perceived and did not identify personnel to the program. Likewise, 96.4% of those who perceived and identified had heard of the program compared to 91.3% for the other group. These figures show that there is an indication that a supervisor's perception

and willingness to identify personnel to the program can be influenced through training and simple awareness that the program exists. However, further research would be required to completely validate this assumption.

The two behavior groups also differed significantly on several attitudinal factors. When asked the question on whether they agreed with recent actions to reduce happy hours and deglamorize liquor at other functions, only 10.7% of those who perceived and identified personnel disagreed with these actions. Of those who perceived and did not identify personnel to the program, 42.0% disagreed with these actions.

Another question on their attitudes toward alcohol gave similar results. When asked if they thought a party would be dull if alcoholic beverages were not served, 17.9% of the supervisors who perceived and identified personnel agreed compare to 31.9% of the other group.

The responses to these questions show that a relatively large percentage of those who perceived and did not identify personnel for treatment were more in favor of the use of alcoholic beverages at happy hours, parties, and other functions. These findings tend to support the belief that sympathetic or favorable attitudes towards the use of alcohol tend to make a supervisor less willing to identify personnel to the alcohol abuse program.

Further support was obtained from a question which sought a supervisor's attitude towards alcohol abuse. The question asked if the supervisor would tend to ignore a person's alcohol problem if he was doing a good job and his alcohol problem was not too frequent or noticeable. Responses showed that 29.0% of those who failed to identify personnel to the program agreed that they would ignore a person's alcohol problem under such circumstances compared to 14.3% of the other group.

Finally, a question was posed which asked if the respondent thought that it should be a supervisor's responsibility to identify personnel under his supervision and refer them to the alcohol abuse program. Of the group that had perceived and identified personnel, 82.2% agreed that it should be a supervisor's responsibility. However, of the group that perceived and did not identify, only 72.4% agreed that it should be the supervisor's responsibility.

An analysis of these responses shows substantial support for the premise that the attitudes of supervisors can and do influence their willingness to identify personnel with alcohol problems to the Air Force Alcohol Abuse Control Program.

Primary Hypothesis Tested

Correlations were run between the three attitude indexes for each supervisor and his corresponding behavior variable to determine if statistical tests would offer support or non-support for the research

hypothesis. For the convenience of the reader, the research hypothesis is repeated below.

Research Hypothesis: The limited success the Air Force has attained in identifying alcohol abusers for treatment is directly reflected in Air Force supervisors' attitudes toward alcohol, alcohol abuse, and the Alcohol Abuse Control Program.

The attitude index measurements (AIMs) and behavior variable were computed for those supervisors who perceived individuals with alcohol related problems as shown below:

$$\text{AIMA (Attitude Towards Alcohol)} = 19 + 40 + 42 + 50 + 51$$

$$\text{AIMB (Attitude Towards Alcohol Abuse)} = 22 + 41 + 43 + 44 + 49$$

$$\text{AIMC (Attitude Towards the Program)} = 29 + 30 + 32 + 34 + 35$$

$$\text{Behavior} = \frac{\text{Number the Supervisor Identified}}{\text{Number He Perceived Having Alcohol Problem}}$$

The correlations were run using Statistical Package for the Social Sciences (SPSS) programming. The Kendall Rank Correlation Coefficient, $\text{Tan } (\tau)$, was computed using a sub-routine called NONPAR CORR. The results are shown in the table below:

Table 11

Computation of Correlation Coefficients

Variable	Tan (τ)	Remarks	Confidence Level
AIMA vs Behavior	.2007	Positive Correlation	99.8%
AIMB vs Behavior	.2003	Positive Correlation	99.8%
AIMC vs Behavior	.1635	Positive Correlation	99.1%

The correlation values would probably have turned out larger if there had not been so many tied scores in the respondents' answers. This, however, was inescapable due to the design of the test instrument. The large number of ties thus seemed to suppress the strength of the correlation. Taking this factor into account along with the high confidence levels achieved, moderate positive correlations existed in all three tests in support of the research hypothesis. Additional support is provided in the fact that the attitudes of numerous respondents proved to be inconsistent with Air Force policies, procedures, and/or regulations as noted previously in this chapter. Therefore, the limited success the Air Force Alcohol Abuse Control Program has achieved to date can be at least partially attributed to the supervisors' attitudes towards alcohol, alcohol abuse, and the alcohol abuse program. This support is held for the population under consideration in this study which was the attitudinal and demographic/behavioral factors of military supervisors in the Air Force Logistics Command. If inconsistencies had not been found to exist in the sample, this ascertainment would not have been possible.

Criteria tests were also performed to offer support or non-support for the population in Chapter II under Research Methodology. Statistics from the sample showed that a total of 7.3% were perceived as having alcohol related problems on the job. When the respondents were asked how many they perceived either on or off the job, the

percentage rose to 10.0%. These statistics are slightly higher than the Air Force estimates of 5% to 7%. This finding offers support to the frequently reported ascertainment that the alcohol problem is more extensive than current estimates seem to indicate (9:77). It would also tend to justify further research in this area in order to determine the exact extent of the problem.

A second criteria test was performed on the sample which showed that 22.7% of those who were perceived as having an alcohol problem on the job, were identified to the program. The Air Force, on the other hand, currently estimates that 10% of its personnel needing treatment are being identified. The relatively large difference in these two statistics could be attributed to the fact that the supervisors in the sample, in fact, did not perceive all of the personnel who had alcohol problems. This could easily be possible since it was cited earlier that one of the reasons more personnel have not been referred to the program is because a supervisor's perception is presently not sophisticated enough to identify alcohol problems until rather gross indications are present. This finding would tend to support the idea of better educating and training supervisors in their ability to perceive alcohol related problems in their early development.

CONCLUSIONS

The attitudes of military supervisors assigned to the major command studied directly influenced their behavior concerning their willingness to identify individuals to the Alcohol Abuse Control Program. Of the three attitudes measured, a supervisor's attitude toward alcohol and alcohol abuse proved to have the strongest correlations followed by his attitude towards the Alcohol Abuse Control Program. Many responses indicate that a number of supervisors have attitudes that are inconsistent with Air Force policy. Responses and comments also indicate that there is a great deal of concern about alcohol related problems throughout the Air Force.

Although this survey consisted of military supervisors assigned to a single major air command, the command is governed by an Air Force program. Additionally, while no statistics are available concerning this survey, it is probably safe to assume that many of the respondents have served in other major commands besides AFLC. As such, one may attempt to generalize the findings to the entire universe under consideration. This, however, should only be done with great caution as expanded research efforts would be required to validate any ascertions about the universe.

Results of this survey of Air Force Logistics Command military supervisors indicate that the Air Force may be experiencing problems in its Alcohol Abuse Control Program. A recent General Accounting

Office (GAO) report emphasized this possibility and this research supports the GAO's conclusion (3:31).

Specific problems in the Alcohol Abuse Control Program are:

(1) Poor attendance, and (2) Ineffective training. Of the supervisors sampled, 24.4 percent (see Table 3) had not attended training during the past year. Additionally, a total of 9.3 percent (see Table 3) of the sample claimed that they had never heard of the program. Attendance at training is supposedly an annual requirement. Even when a supervisor did attend training it did not significantly increase his willingness to identify individuals to the program. Attendance at training actually showed a slight decrease in the percentage of those supervised that were perceived to have an alcohol related problem. Since a goal of the training program is to educate a supervisor for earlier detection it was anticipated that attendance at training would cause an increase in the number of problem drinkers perceived. Those who did not attend training perceived 43 problem drinkers out of 364 individuals supervised or 11.8 percent. On the other hand, those supervisors who did attend training perceived 124 problem drinkers out of 1293 supervised or 9.5 percent.

Another conclusion drawn from this research is that the Air Force estimate of its number of problem drinkers is not supported by this effort. The Air Force estimates that four to seven percent of its personnel are problem drinkers. This survey of military supervisors indicates that the percentage may be as high as ten percent.

In summary, the Air Force has achieved limited success in its Alcohol Abuse Control Program. Supervisors are the key individuals in identifying problem drinkers to treatment programs. The attitudes of the supervisors towards alcohol, alcohol abuse, and the control program, to a large extent, determine their subsequent behavior as manifested in their willingness to identify problem drinkers to the treatment program. The Air Force effort to increase a supervisor's perception, knowledge, and familiarity with its alcohol abuse policies has achieved limited success as indicated by this research project. The implication is that many of the key individuals in the Air Force Alcohol Abuse Control Program have generally inconsistent attitudes with Air Force policy, and the Air Force training effort is not significantly affecting a supervisor's behavior.

RECOMMENDATIONS

Comments From the Sample

The questionnaire contained a section which solicited comments and recommendations from the respondents on both the questionnaire and the Alcohol Abuse Control Program. A summary of the more frequent and pertinent remarks made on the alcohol abuse program is presented in this section.

The majority of the respondents, approximately 70%, felt that the program was well worth the money, time, and effort that the Air

Force has put into it. Several respondents felt that even larger efforts should be made in this area. Specifically, individuals recommended more funds being used in the rehabilitation part of the program versus the large amount of time and money spent on the basic educational efforts aimed at all Air Force personnel. However, at the same time, many individuals noted that the emphasis should not be placed directly on alcohol or the use thereof when treating personnel. As one individual put it, "Alcohol is not the problem. The problem lies in the person and his reasons for alcohol or other drugs as a release."

It was apparent from some of the comments that the program is not being administered with the same effectiveness throughout the many bases sampled. For instance, while many individuals were pleased with the programs at their bases, others expressed concern over the fact that their programs lacked the "teeth" and "backbone" they needed.

In addition, several responses showed a concern over the lack of direction and instruction for civilian employees. Many of these felt that there was little they could do with a civilian employee who showed evidence of a drinking problem. One case in particular illustrates this point. A supervisor referred one of his subordinates to the program after she reported to work drunk (the second occurrence of this type). She had an unusually high annual and sick leave record, and her problem was common knowledge among her fellow workers. She was counseled and returned to work with the report that she had no problem. Some

might respond by saying he should write it up on her performance report, but is that helping her overcome her problem?

A number of the respondents felt that there was a dilemma in the requirement for clubs to continue to operate versus their foundation being built on alcohol. The idea of deglamorization of alcohol and reducing happy hours, however, is favorable to a large percentage of the sample.

Finally, there were a few who questioned whether the Air Force mission calls for treatment and rehabilitation of alcoholics. Some felt that organizations specifically established for this purpose should be used more extensively by the Air Force such as Alcoholics Anonymous and other non-military clinics designed specifically for treatment and rehabilitation of alcoholics.

Researchers' Recommendations

As a result of this study, several areas were uncovered concerning the Air Force Alcohol Abuse Control Program where apparent improvements can be made.

Additional research needs to be conducted to determine the exact extent of the alcohol problem since statistics from this research and current Air Force estimates conflict. In addition, research efforts should be directed to study how to conduct a program which will more effectively influence and change the behavior of supervisors to fall in line with Air Force policies, procedures, and/or regulations.

Evidence from this study showed that the present training program appears to have little or no effect on whether a supervisor is willing to identify personnel to the alcohol abuse program. This symptom illustrates a need to review and reevaluate the current goals of the Alcohol Abuse Control Program. Subsequently, the training program should be revised in order to more effectively achieve its stated objectives.

The study also revealed that a relatively large percentage of the sample had not attended training in the past year. It seems evident that better control measures are needed to insure training is received by all personnel required to attend.

At the present, the Air Force, Navy, and Army all have separate programs, facilities, research, and training efforts. The feasibility of a centralized DOD program should be examined. A centralized program could strengthen the program's thrust, reduce duplication to a large extent, and thus be much more cost-effective.

Adequate instruction on how to handle civilian cases should be incorporated into the program. Even if civilian cases are not treated by Air Force personnel or programs, these personnel are still Air Force employees and need help.

Finally, it is recommended that the recent efforts to deglamorize the use of alcohol not only be continued but increased. A large percentage of the sample were aware of Air Force deglamorization efforts and were strongly in favor of them.

Suggestions for Future Research

People exist in a dynamic environment. As such, their attitudes, knowledge, and perception are subject to constant change. As developed in earlier portions of this thesis, supervisors' three AIMS play an important role in determining his willingness to support the Air Force Alcohol Abuse Control Program by identifying afflicted individuals. Many relationships between demographic/behavioral factors and attitudinal aspects were exposed in this research project. However, the relationships were not investigated in detail nor did the research include the entire Air Force as a population. Future Air Force efforts could undoubtedly uncover more accurate and detailed information in these areas and thus add to the body of knowledge surrounding alcohol and its association with the Air Force. Numerous areas that the authors believe need future investigation are presented in the following paragraphs.

The training aspect of the Air Force Alcohol Abuse Control Program needs to be further investigated to determine why it is apparently failing to affect supervisors' willingness to identify needy individuals to the treatment program. Additional research is needed to determine the reason that so many supervisory individuals are not receiving the required training.

The Air Force needs to more accurately determine the number of personnel with alcohol related problems. This research indicates

that the Air Force estimate may be too low by three to six percent. As previously mentioned, the Army and Navy both have conducted relatively in-depth research into their respective problems. The Army and Navy research efforts indicated that the percent of problem drinkers was almost twice as high as the Air Force estimates. While the services are different, a question exists considering just "how different" they are. It appears that the Air Force does not really know the extent of its drinking problem and needs to establish it.

Another aspect mentioned in the last paragraph deserves increased research. The Army, Navy, and Air Force all conduct somewhat individualized programs, research, and training. Perhaps a better overall Department of Defense program could be instituted avoiding the existing duplication. The feasibility of such an idea needs to be explored.

APPENDIX A
DRAFT QUESTIONNAIRE

INSTRUCTIONS

The attached questionnaire is designed to survey your attitudes and opinions. It is completely anonymous and is seeking to get honest answers of how you actually feel about certain aspects pertaining to alcohol, alcohol abuse, and the Air Force Alcohol Abuse Control Program. The questionnaire will take approximately 10 minutes to complete.

The questionnaire is fairly self-explanatory. Use a number 2 pencil to mark the appropriate answer on the computer scoring sheet. Several questions ask opinions with answers ranging from disagree to agree. Mark the box that comes closest to how you personally feel about that particular question. If you are unsure about a question or don't quite understand it, mark the most appropriate answer and continue. Do not leave any questions blank. When finished please return the questionnaire and completed answer sheet in the enclosed pre-addressed envelope. Results of this research will be published in AFIT thesis number SLGR 10-76B and may be obtained after October 1976 through the Defense Documentation Center.

PRIVACY STATEMENT

In accordance with paragraph 30, AFR 12-35, the following information is provided as required by the Privacy Act of 1974.

- a. Authority: (1) 10 U.S.C., 80-12, Secretary of the Air Force, Powers, Duties, Delegation by Compensation; and/or
(2) EO 93-97, 22 Nov 43, Numbering System for Federal Accounts Relating to Individual Persons; and/or
(3) DOD Instruction 1100.13, 17 Apr 68, Surveys of Department of Defense Personnel; and/or
(4) AFR 178-9, 9 Oct 73, Air Force Military Survey Program.
- b. Principal Purposes. The survey is being conducted to collect information to be used in research aimed at illuminating and providing inputs to the solution of problems of interest to the Air Force and/or DOD.
- c. Routine Uses. The survey data will be converted to information for use in research of management related problems. Results of the research, based on the data provided, will be included in written master's theses and may also be included in published articles, reports, or texts.
- d. Participation in this survey is entirely voluntary.
- e. No adverse action of any kind may be taken against any individual who elects not to participate in any or all of this survey.

1. Mark the age bracket in which you fall.

- A. Under 25
- B. 25-32
- C. 33-41
- D. 42-49
- E. 50 or over

2. If you are an NCO, mark the appropriate rank bracket.

- A. E4-E5
- B. E6-E7
- C. E8-E9

3. If you are an officer, mark the appropriate rank bracket.

- A. 01-02
- B. 03-04
- C. 05-06
- D. 07-010

4. Sex

- A. Male
- B. Female

5-6. Number of years you have in service.

<u>Mark</u>	
5A	0-2 yrs
5B	3-5
5C	6-8
5D	9-11
5E	12-14

<u>Mark</u>	
6A	15-17 yrs
6B	18-20
6C	21-33
6D	24-26
6E	27-more

- 7-10. Number of people you supervised (include only the number you rated or were first endorsing official for) in the past year.

Mark

7A 0

7B 1

7C 2

7D 3

7E 4

8A 5

8B 6

8C 7

8D 8

8E 9

Mark

9A 10

9B 11

9C 12

9D 13

9E 14

10A 15

10B 16

10C 17

10D 18

10E 19

If over 19, please write in the number of supervised. _____

- 11-14. Number of those supervised in the past year (reference questions 7-10) who had their job performance suffer more than once (e.g. late to work, less efficient, poorer quality of work, absent) because of alcohol or alcohol related problems.

11A 0

11B 1

11C 2

11D 3

11E 4

13A 10

13B 11

13C 12

13D 13

13E 14

12A 5

12B 6

12C 7

12D 8

12E 9

14A 15

14B 16

14C 17

14D 18

14E 19

If over 19, please write in the number. _____

- 15-18. Number of those supervised in the past year (reference questions 7-10) who you think showed evidence of a drinking problem either on the job or off-duty (e.g. at the club, parties). ⁸³

15A 0
15B 1
15C 2
15D 3
15E 4

17A 10
17B 11
17C 12
17D 13
17E 14

16A 5
16B 6
16C 7
16D 8
16E 9

18A 15
18B 16
18C 17
18D 18
18E 19

If more than 19, please write in the number. _____

19. Alcohol is a drug as much as narcotics, LSD, amphetamines and barbituates.

A. Disagree
B. Slightly disagree
C. Undecided
D. Slightly agree
E. Agree

20. Alcoholism is a disease.

A. Disagree
B. Slightly disagree
C. Undecided
D. Slightly agree
E. Agree

21. It should be up to the alcoholic or problem drinker to identify himself to appropriate people and/or programs for help.

A. Disagree
B. Slightly disagree
C. Undecided
D. Slightly agree
E. Agree

22. An increase in the awareness of alcoholism has caused it to become one of the nation's top health problems of today along with heart disease and cancer.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
23. Alcohol can serve a lot of useful purposes like celebrating certain occasions, making one feel good, and helping one to forget his problems.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
24. Have you received any alcohol abuse training through the Air Force in the past year?
- A. Yes
 - B. No
25. Whether you received any training or not, do you feel it is a necessary and worthwhile subject for training?
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
26. Have you ever heard of the Air Force Alcohol Abuse Control Program?
- A. Yes
 - B. No

If your answer was Yes, continue with question #27. If your answer was No, skip to question #40 and continue.

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THE CHANGING ATTITUDES ON ALCOHOLISM IN THE AIR FORCE: A STUDY --ETC(U)
SEP 76 P B KNOWLTON, D L ZELLER

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27. The Alcohol Abuse Control Program is a good program in theory, but it just doesn't have the professional skill to really help problem drinkers and alcoholism.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
28. The Alcohol Abuse Control Program is primarily set up for people who are alcoholics or have very serious drinking problems.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
29. It should be a supervisor's responsibility to identify personnel under his supervision who have drinking problems and refer them to the Alcohol Abuse Control Program.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
30. If a person is identified and referred to the Alcoholic Abuse Control Program, it will usually hurt the man's future career in the Air Force.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
31. When a person is identified and referred to the Alcoholic Abuse Control Program, it frequently involves a lot of paperwork, reports, and follow-on action for the supervisor.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree

32. The Air Force spends more time and money trying to help people with drinking problems than it's worth.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
33. My supervisor actively supports the Alcohol Abuse Control Program both verbally and by his actions.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
34. The Alcohol Abuse Control Program is primarily set up to help problem drinkers and alcoholics stay in the service until they can retire.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
35. It really isn't the supervisor's job to identify problem drinkers under his supervision unless it affects mission accomplishment, then it becomes an Air Force concern.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
36. If I approached someone about his drinking problems, it would not only embarrass the individual but also myself.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree

37. The Alcohol Abuse Control Program, as it is presently set up, performs an important function in the Air Force.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
38. From my personal experience, the Air Force Alcohol Abuse Control Program has received full command support.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
39. Most supervisors take the program seriously and, therefore, do their best to support it.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
40. I encourage the recent actions taken by the Air Force to reduce happy hours at the clubs and play down the use of liquor at hail and farewell parties, dining-ins and other military social affairs.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
41. Alcoholics are basically people who have lower morals and/or lack self-discipline.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree

42. A party where alcoholic beverages are not served is usually quiet and dull.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
43. If I know a man who has drinking problems, but I think he does a good job, I will probably let it go as long as it isn't too noticeable or doesn't show too often.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
44. Few alcoholics can be treated and fully rehabilitated.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
45. An alcoholic, in most cases, cannot cope with his problem by himself. He has to have outside help.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
46. Once an alcoholic has been rehabilitated, he should be able to drink socially as long as he holds it down to only a couple of drinks.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree

47. People who have problems with drinking are mainly people who just can't hold their liquor.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
48. Drinking is kind of a personal thing and I shouldn't interfere unless an individual's job performance falls below Air Force standards.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
49. Presently, there is really no effective way to treat alcoholism.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
50. Although most people won't admit it, alcohol has more good aspects to it than bad.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree
51. Having just a couple drinks each day can actually be good for most people.
- A. Disagree
 - B. Slightly disagree
 - C. Undecided
 - D. Slightly agree
 - E. Agree

52-53. I have identified and referred the following number of personnel for treatment to the Alcohol Abuse Control Program who were under my supervision in the past year (reference question 7-10).

52A	0	53A	5
52B	1	53B	6
52C	2	53C	7
52D	3	53D	8
52E	4	53E	9

If more than 9, please write in the number. _____

54-55. Of those I have supervised (rater or endorsing official) in the past year, the following number were identified and referred to the Alcohol Abuse Control Program either by myself or by other sources (e.g. self-identification, medical authorities, other supervisors).

54A	0	55A	5
54B	1	55B	6
54C	2	55C	7
54D	3	55D	8
54E	4	55E	9

If more than 9, please write in the number. _____

If you have any comments, suggestions, or recommendations on this questionnaire, on future research in this area, or on the Alcohol Abuse Control Program itself (as covered by AFR 30-2, Ch 5), please feel free to list them below and on the back of this sheet.

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